Approved for use through 7/31/2006. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

| PATENT APPLICATION FEE DETERMINATION RECORD  Substitute for Form PTO-875   |   |                                 |              |                                  |                  |                    |                    |  | ation or Pootet Number |   |                        |
|--|---|---------------------------------|--------------|----------------------------------|------------------|--------------------|--------------------|--|------------------------|---|------------------------|
| CLAIMS AS FILED – PART I (Column 1) (Column 2) SMALL E   |   |                                 |              |                                  |                  |                    | ENTITY             | OR   |                        | R THAN<br>ENTITY                        |                        |
|  | FOR   | NUMB                            | NUMBER FILED |                                  | NUMBER EXTRA     |                    | RATE FEE           |  |                        | RATE                                    | FEE                    |
|  | IC FEE<br>CFR 1.16(a))  |                                 |              |                                  | 1                |                    | s                  | OR   |                        | s                                       |                        |
| TOTAL CLAIMS<br>(37 CFR 1.16(c))   |   |                                 | minus 20 = * |                                  |                  | 1                  | x s =              |  | OR                     | x \$ =                                  |                        |
| IND  | PENDENT CLAIR   | мѕ                              | minus 3      |                                  |                  | ĺ                  | x \$ =             |  |                        |   |                        |
| (37 CFR 1.16(b))   |   |                                 |              |                                  |                  |                    |                    | OR   |                        |   |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))  |   |                                 |              |                                  | J                | +\$=               |                    | OR   | +\$=                   |   |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2. TOTAL OR TO  |   |                                 |              |                                  |                  |                    |                    | TOTAL  |                        |   |                        |
| CLAIMS AS AMENDED - PART II  |   |                                 |              |                                  |                  |                    |                    |  |                        |   |                        |
| CON 100 C  |   | (Column 1)                      |              | (Column 2)                       | 1 2) (Column 3)  |                    | SMALL E            | NTITY  | OR                     | OTHEF<br>SMALL                          | R THAN<br>ENTITY       |
| Α.   |   | CLAIMS<br>REMAINING             |              | HIGHEST<br>NUMBER                | PRESENT          |                    | RATE               | ADDI-  |                        | RATE                                    | ADDI-                  |
| AMENDMENT  |   | AFTER<br>AMENDMENT              |              | PREVIOUSLY<br>PAID FOR           | EXTRA            |                    | /                  | TIONAL<br>FEE                                |                        |   | TIONAL<br>FEE          |
| DM   | Total<br>(37 CFR 1.16(c))                                       | . 8                             | Minus        |                                  | -                |                    | x s=               |  | OR                     | x s=                                    |                        |
| ĨĒN  | Independent<br>(37 CFR 1.16(b))                                 | .3                              | Minus        | " 3                              | =/               |                    | x \$=              |  | OR                     | x \$=                                   |                        |
| AN   | FIRST PRESENT   | TATION OF MULTIPL               | E DEPENDI    | ENT CLAIM (37 CF                 | R 1.16(d))       |                    | +s =/              |  | OR                     | +5                                      | _                      |
|  | · · · · · ·   |                                 |              |                                  |                  |                    | TOTAL ADD'L FEE    |  | OR                     | TOTAL<br>ADD'L FEE                      |                        |
|  |   | (Column 1)                      |              | (Column 2)                       | (Column 3)       |                    |                    | <u>.                                    </u> |                        | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                        |
| В  |   | CLAIMS<br>REMAINING             |              | HIGHEST<br>NUMBER                | PRESENT          |                    | RATE               | ADDI-  |                        | RATE                                    | ADDI                   |
| Z  |   | AFTER<br>AMENDMENT              |              | PREVIOUSLY<br>PAID FOR           | EXTRA            |                    | RAIE               | TIONAL                                       |                        | KAIE                                    | ADDI-<br>TIONAL<br>FEE |
| AMENDMENT  | Total<br>(37 CFR 1.16(c))                                       | *                               | Minus        | **                               | =                |                    | x \$ =             |  | OR                     | x s =                                   | 1.22                   |
|  | Independent<br>(37 CFR 1.16(b))                                 | *                               | Minus        | ***                              | =                |                    | x \$_ =            |  | OR                     | x \$ =                                  |                        |
| AM   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) |                                 |              |                                  |                  |                    | +s =               |  | OR                     | +s =                                    | -                      |
|  |   | -                               |              |                                  |                  | •                  | TOTAL<br>ADD'L FEE |  | OR                     | TOTAL<br>ADD'L FEE                      |                        |
|  |   | (Column 1)                      |              | (Caluma 2)                       | (Calumn 2)       |                    | ADDETEL            |  |                        | ADD 1.155                               |                        |
| C  |   | CLAIMS                          |              | (Column 2)<br>HIGHEST            | (Column 3)       | 1                  | <del></del>        |  |                        | r                                       |                        |
| AMENDMENT (  |   | REMAINING<br>AFTER<br>AMENDMENT |              | NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |                    | RATE               | ADDI-<br>TIONAL<br>FEE                       |                        | RATE                                    | ADDI-<br>TIONAL<br>FEE |
| DMI  | Total<br>(37 CFR 1.16(c))                                       | •                               | Minus        | **                               | =                |                    | x \$=              |  | OR                     | x \$=                                   |                        |
| EN I   | Independent<br>(37 CFR 1.16(b))                                 | *                               | Minus        | ***                              | =                |                    | x \$=              |  | OR                     | x \$=                                   |                        |
| ₽¥   | FIRST PRESENT   | ATION OF MULTIPL                | E DEPENDI    | ENT CLAIM (37 CF                 | R 1.16(d))       |                    | +s =               |  | OR                     | + \$ =                                  |                        |
|  |   |                                 |              |                                  |                  | TOTAL<br>ADD'L FEE |                    | OR   | TOTAL<br>ADD'L FEE     |   |                        |
| * If the entry in column 1 is less than the entry in column 2, write *0* in column 3.  |   |                                 |              |                                  |                  |                    |                    |  |                        |   |                        |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".  *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". |   |                                 |              |                                  |                  |                    |                    |  |                        |   |                        |

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

## PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2001

pilcation or Docket Number

10/088503

| CLAIMS A  |   |   | S FILED - PART I |                               | (Column 2)          |                  |                     | SMALL ENTITY TYPE   |                          | OTHER<br>OR SMALL   |                     |                        |
|---|---|---|------------------|-------------------------------|---------------------|------------------|---------------------|---------------------|--------------------------|---------------------|---------------------|------------------------|
| TOTAL CLAIMS  |   |   |                  |                               |                     |                  | ĺ                   | RATE                | ·FEE                     |                     | RATE                | FEE                    |
| FOR   |   |   | NUMBER FILED     |                               | NUMB                | NUMBER EXTRA     |                     | BASIC FEE           | •                        | OR                  | Basic Fee           | 698                    |
| TOTAL CHARGEABLE CLAIMS   |   |   | 8 minus 20=      |                               |                     |                  |                     | X\$ 9=              | ·                        | OR                  | X\$18=              | ( ·                    |
| IND   | EPENDENT CL   | .AIMS                                     | . 3 minus 3 =    |                               | •                   |                  |                     | X42=                | •                        | OR                  | X84=                |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT  |   |   |                  |                               |                     |                  |                     | +140=               | •                        | OR                  | +280=               | •                      |
| • #   | the difference  | lin columin 1 le                          | ero, ienter      | <b>10° in</b> o               | otumn 2             |                  | TOTAL               | •                   | OR                       | TOTAL               | 698                 |                        |
| 12-23-05 (Column 1) (Column 2   |   |   |                  |                               |                     | (Column 3)       | •                   | SMALL               | ENTITY                   | OR                  | OTHER<br>SMALL      | THAN                   |
| V   |   | CLAIMS REMAINING AFTER AMENDMENT          |                  | HIGH<br>NUM<br>PREVIO         | BER<br>OUSLY        | PRESENT<br>EXTRA |                     | RATE                | ADDI-<br>TIONAL<br>FEE   |                     | RATE                | ADDI-<br>TIONAL<br>FEE |
| AMENDMENT   | Total   | • 8                                       | Minus            |                               | 0                   | • /              |                     | X\$ 9=              |                          | OR                  | X\$18=              | ·                      |
| AME   | Independent   | · 3                                       | Minus            |                               | 3                   | - /              |                     | X42=                | •                        | OR                  | X84=                |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |                  |                               |                     |                  |                     | +140=.              |                          | OR                  | +280=               |                        |
|   |   |   |                  |                               |                     | ļ                | TOTAL<br>ADDIT, FEE |                     | OR                       | TOTAL<br>ADDIT, FEE |                     |                        |
|   | (Column 1) (Column 2) (Column 3)  |   |                  |                               |                     |                  | -                   | •                   |                          |                     |                     | :                      |
| AMENDMENT B   |   | CLAMS REMAINING AFTER AMENDMENT           |                  | /MUM<br>/PREVIO<br>PAID       | BER<br>DUSLY        | PRESENT<br>EXTRA |                     | RATE                | ADDI-<br>TIONAL<br>FEE   |                     | RATE                | ADDI-<br>TIONAL<br>FEE |
| 夏   | Total   | •   | Minus            |                               |                     | •                | ] : [               | X\$ 9=              |                          | OR                  | X\$18=              |                        |
|   | Independent   | • .                                       | Minus /          | ***                           |                     | -                |                     | X42=                | ·                        | OR                  | X84=                |                        |
|   | FIRST PRESE   | NTATION OF M                              | ULTIPLE DEI      | ENDEN                         | CLAIM               |                  | ٠ <u>ا</u>          | +140=               |                          | OR                  | +280=.              | :                      |
| •   |   |   |                  |                               |                     |                  | L                   | TOTAL<br>ADDIT, FEE |                          | OR                  | TOTAL<br>ADDIT, FEE |                        |
| (Column 1) (Column 2) (Column 3)  |   |   |                  |                               |                     |                  |                     |                     |                          |                     |                     |                        |
| BITC  |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                  | HIGH<br>NUM<br>PREVIO<br>PAID | EST<br>BER<br>OUSLY | PRESENT<br>EXTRA |                     | RATE                | ADDI-<br>TIONAL<br>FEE - |                     | RATE                | ADDI-<br>TIONAL<br>FEE |
| 2   | Total   | •   | Minus            | **                            |                     | -                |                     | X\$ 9=              |                          | OR                  | X\$18=              |                        |
| AMENDM  | Independent   | • /                                       | Minus            | ***                           |                     | -                | <b> </b>            | X42=                |                          | OR                  | X84=                |                        |
| L   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |                  |                               |                     |                  |                     | +140=               |                          |                     | +280=               |                        |
| *   | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. **If the "United Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." |   |                  |                               |                     |                  |                     |                     | •                        | OR<br>OR            | TOTAL ADDIT. FEE    | <u> </u>               |
| "If the "Highest Number Previously Paid For" IN THIS SPACE is test than 3, enter "3."  ADDIT. FEE |   |   |                  |                               |                     |                  |                     |                     |                          |                     |                     |                        |